



AF/1638  
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PTO/SB/22 (12-04)

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|---|------------|--|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>OCIRS 3.9-060 CONT |           |
| Application Number<br>09/721,047  |            | Filed<br>November 22, 2000                     |           |
| For<br>TRANSGENIC PLANTS PRODUCING A PAP II PROTEIN   |            |  |           |
| Art Unit<br>1638  |            | Examiner<br>G. L. Helmer                       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                        |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225  | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510  | \$        |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795  | \$ 795.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080   | \$        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |  |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.                     |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,071</u>  |            |  |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |           |
| <u>Shawn P. Foley</u><br>Signature  |            | <u>March 16, 2005</u><br>Date                  |           |
| <u>Shawn P. Foley</u><br>Typed or printed name  |            | <u>(908) 518-6346</u><br>Telephone Number      |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |           |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 16, 2005

Signature: Shawn P. Foley (Shawn P. Foley)